

FORM ORG (Rev. 5/2013)

STATE OF HAWAII STATE STHES STATE STATE



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REF	ORT YEAR: <u>20</u>	<u>13</u>	Amended Stateme	nt		
For	Lobbying Reporting F	March 1 - April 30	May 1 - December 31			
OR	SANIZATION INFO	ORMATION				
Investment Company Institute Organization Name				Tamara K. Salmon, Esq.		
				Contact Person		
140	01 H Street N	VV				
Mail	ing Address (Numb	per and Street or P.O. Bo	ox)			
Washington				DC		20005
City				State		Zip Code
(20	2) 326-5825					
Tele	phone	Extension	Email Address			
PAF	RT I. TOTAL EXPE	NDITURES			-	 -
						Total Amount
1	Preparation & Di	stribution of Lobbying	Materials		1	0.00
2	2 Media Advertising				2	
3	Postage			<u> </u>	3	
4		aid to Lobbyists (Attacobyists and compensation				
	Lobbyist Name	obbyists and compensation	pala to 1000yista daimig tira	Compensation Paid		
	A			_ A		
	c			C		
	D			D		
	E			_ E	<u> </u>	
	F			F		
	G. Total from Addit	ional Attached Sheet(s).	·	G		
	Add lines A through G			Total Compensation	on Paid ► 4	
5	Fees Paid to Cor	nsultants (other than t	o Lobbyists)		5	
6	6 Entertainment & Events				6	
7	Receptions, Mea	ils, Food & Beverages	S		7	
8 Gifts					8	
9	Loans		· · · · · · · · · · · · · · · · · · ·		9	
10	Other Disbursem	nents			10	
	A 1 1 11 4 4			T-4-1 F	174 h	0.00
	Add lines 1 thro	ouan 10		Total Exper	iuitures 🟲	0.00

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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures. Amount or Value Name & Address Check here if additional sheets are attached AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures. Amount or Value Name & Address Check here if additional sheets are attached PART II. CONTRIBUTIONS RECEIVED Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution. Amount or Value Name & Address Check here if additional sheets are attached PART III. SUBJECT AREAS OF LOBBYING Legislative and/or administrative action in the following areas was supported or opposed during the statement period. Education **Human Services** Science, Technology & Agriculture Economic Development Intergovernmental Relations, Tourism & Recreation Communications & Government Operation & International Affairs **Public Utilities** Finance Consumer Protection & Transportation Hawaiian Affairs Labor & Employment Commerce Other (indicate below): Culture, Arts, Historic Health Planning, Land & Water Preservation Use Management Ecology, Energy Housing Public Safety & Corrections Environmental Protection **AUTHORIZED PERSON** 5/31/2013 Tamara K. Salmon, Esq. Senior Assoc. Counsel Title Date (m/d/yyyy) Print Name of Authorized Person (First M.I. Last)

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further

certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.